

Pool IFW

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/045,004				
Filing Date*	January 15, 2002				
First Named Inventor	Kwang-Lung LIN et al.				
Group Art Unit	1742				
Examiner Name	S. IP				
Attorney Docket No.	LINK3019/REF				

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

		NOTE.	Filing 6	Jale I	nusi be	on or after Julie 6, 1995, but it before May 29,	2000, 111	en consider a c	// /A.
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1.	PI	ease consid	er the f	ollov	ving as	the required submission under 37 C.F.R.	§1.114		
	⊠	a. The	Amend	ment	/Reply	filed on (date): June 22, 2004.			
□ b. The Information Disclosure Statement (IDS) filed on (date):									
□ c. The arguments in the Brief/Reply Brief filed on (date):									
	□ d. The page(s) of Form PTO-1449 and copy of each listed document filed (date):								
	⊠ e. Other: Affidavit/Declaration								
Ø	2. A three month Petition for Extension of Time is filed herewith.								
⊠	 The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200. 								
\boxtimes	4. A check in the amount of \$860.00 is submitted herewith.								
	5. This Request is transmitted by facsimile to number (703)								
	6.	Other:							
			THE R	CE F	EE IS	CALCULATED AS FOLLOWS:		Basic Fee:	\$770.00
_		Total Claims:	4	-	0	(highest number previously paid for) =	20.00	X \$18 =	0.00

T	THE RCE FEE IS CALCULATED AS FOLLOWS:								\$770.00
Total Claims:	4	-	0	(highest number previously paid for) = 20.00				X \$18 =	0.00
Independent Claims:	1	-	0	(highest number previously paid for) = 3.00				X \$86 =	0.00
Correspondence Address: Multiple Dependent Claim (add \$290.00):							Claim (add \$290.00):		
	0		2336			770.00			
Customer Number						50%	385.00		
Phone: 703-683	Phone: 703-683-0500 Fax: 703-683-1080 Total:					385.00			
Date:				Name:		Signature:			Reg. No.
September 23, 2	2004		F	Richard E. Fichter	K	ricle	ed E	Ficht	26,382

(30Oct03)

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